

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000076507

Entity Name: 422 JACKSONVILLE DRIVE, LLC

FILED
Oct 13, 2009
Secretary of State

Current Principal Place of Business:

422 JACKSONVILLE DRIVE
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

484 JACKSONVILLE DRIVE
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

422 JACKSONVILLE DRIVE
JACKSONVILLE BEACH, FL 32250

FEI Number: 94-3436691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBERTS, LORI A
484 JACKSONVILLE DRIVE
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

CLIFFORD, KATHRYN B
422 JACKSONVILLE DRIVE
JACKSONVILLE BEACH, FL 32250 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KATHRYN BALL CLIFFORD

10/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CLIFFORD, KATHRYN B
Address: 484 JACKSONVILLE DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CLIFFORD, KATHRYN B
Address: 422 JACKSONVILLE DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KATHRYN BALL CLIFFORD

MGRM

10/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date